DOCUMENT RESUME

ED 035 424 LI 001 828

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TITLE Kentucky, Ohio, Michigan Regional Medical Library Program; A Discussion of Its Formation. Papers and Reports, No. 3.
SPONS AGENCY National Library of Medicine, Bethesda, Md.
PUB DATE Apr 69
NOTE 30p.

EDRS PRICE EDRS Price MF-$0.25 HC-$1.60
DESCRIPTORS *Federal Programs, Health Personnel, Information Dissemination, Interlibrary Loans, Library Cooperation, *Library Networks, Library Planning, *Library Programs, *Medical Libraries, *Program Development, Regional Libraries
IDENTIFIERS *Kentucky Ohio Michigan Regional Medical Library, KOMRML

ABSTRACT

The Regional Medical Library (RML) is a federal program created to aid in the equalization of access to information for the health professionals of the nation. The purpose of this paper is to relate the sequence of events in the establishment of the Kentucky, Ohio, Michigan Regional Medical Library (KOMRML) and how they influence the present program. This paper is to serve as a basis for judging the adequacy of the planning for KOMRML, as well as a basis for evaluating the quality of the program at some future date. KOMRML is an administrative agency formed by an agreement among 10 academic institutions, Wayne State University, Michigan State University, University of Detroit, University of Michigan, Cleveland Health Sciences Library, Medical College of Ohio at Toledo, Ohio State University, University of Cincinnati, University of Louisville, and University of Kentucky. The events and decisions are summarized into three areas: (1) the organizational developments, that is, the interinstitutional meetings and the action resulting from these meetings; (2) the factors involved in making the decisions to produce the proposed program of KOMRML; and (3) the organizational structure and procedures that have been adopted to make KOMRML operational. (Author/JB)

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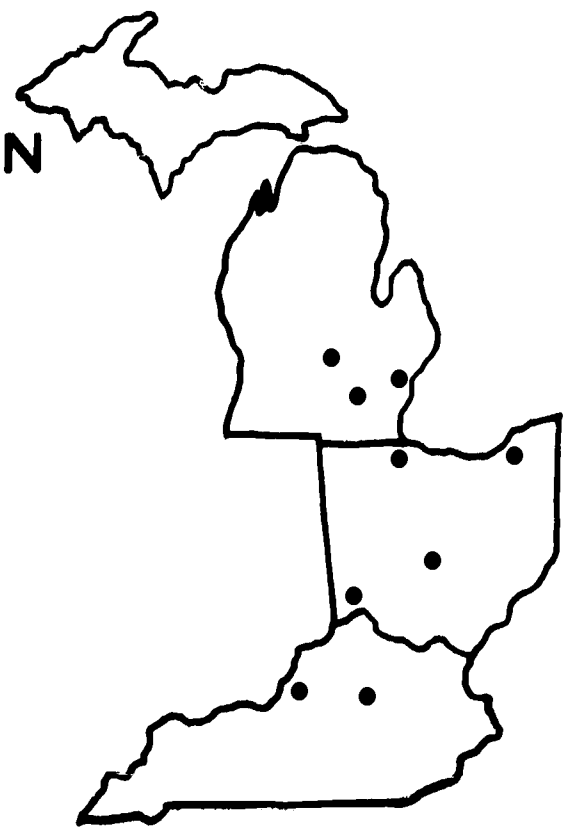

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PAPERS AND REPORTS, NO. 3

Kentucky, Ohio, Michigan Regional Medical Library Program
A discussion of its formation

by
Vern M. Pings

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

*Supported in part by USPHS Grants LM 00020-02 and LM 00628-01

Detroit
April 1969

The introduction of new knowledge and techniques changes the way we live. This, in turn, requires us to alter our institutions. In some instances new knowledge and techniques can be absorbed into an existing organization with only minor changes being effected; at other times entirely new organizations and institutions have to be created. The Regional Medical Library (RML) is a new kind of agency created to aid in the equalization of access to information for the health professionals of the nation. The enabling legislation, the Medical Library Assistance Act of 1965, defined the RML in but general terms. Although the Kentucky, Ohio, Michigan Regional Medical Library (KOMRML) is organized within the intent of the federal legislation, KOMRML organizationally is somewhat different from the regional medical libraries established earlier. As with many federal programs, the task of evaluating their effectiveness is often a difficult one. The purpose of this paper is to relate the sequence of events in the establishment of KOMRML, what factors were invoived, and how they influenced the present program. This paper is to serve as a basis for judging the adequacy of planning of KOMRML, as well as to serve as a basis for evaluating the quality of the program at some future date.

KOMRML is an administrative agency formed by an agreement among 10 academic institutions, Wayne State University (WSU), Michigan State University (MSU), University of Detroit (UD), University of Michigan (UM), Cleveland Health Sciences Library (CHSL), Medical College of Ohio at Toledo (MCOT), Ohio State University (OSU), University of Cincinnati (UC), University of Louisville (UL), and University of Kentucky (UK). The central office of KOMRML is located at WSU. The discussion of the organizational development of KOMRML, therefore, relates heavily to the activities undertaken at WSU. This is not meant as an apology, rather to emphasize what factors were involved in making the decisions which went into formulating the administrative organization of KOMRML. The events and decisions are very interrelated and have been arbitrarily summarized into three areas for the purpose of reporting on, first, the organizational developments, that is, the interinstitutional meetings and the action resulting from these meetings; second, the factors involved in making the decisions to produce the proposed program of KOMRML; and finally, the organizational structure and procedures that have been adopted to make KOMRML operational.

INTERINSTITUTIONAL NEGOTIATIONS

Cooperative enterprises rarely develop in a coordinated fashion. Five separate "organizations for action" are described here. Although taken in their order of development, some of them existed concurrently with others, and although each might be viewed separately, they all led towards and contributed to the formation of KOMRML.

A beginning

The increase in biomedical research, coupled with the increasing complexity of providing health care, makes demands on our library

institutions. Bloomquist amply demonstrated in 1963 the stress under which academic biomedical libraries operated (1). Not only must academic biomedical libraries increase services to their primary clientele, but access to the library materials held by these resource libraries is needed by other health care institutions.

In the fall of 1964, G. Flint Purdy, Director of Libraries, WSU, arranged a meeting with Frederick H. Wagman, Director of Libraries, UM, to discuss possible means for the two universities to improve biomedical library service to their own primary clientele and to extend and improve library services to members of the biomedical community whose access to library resources was inadequate or nonexistent. As with all such meetings if action is to ensue, study must be given to the problems discussed and an appropriate document produced. A summary of the resultant paper (dated January 1965) is given here because (i) it can be viewed as the beginning of the regional medical library application submitted to the National Library of Medicine (NLM) three years later, and (ii) it identified the need for a wider base for cooperation among institutions:

1. Although the aim is to improve library service to a community larger than the students and faculty, this aim cannot be accomplished until the two universities' administrative procedures and technical services are more standardized.

2. Workable means must be found to rationalize existing operations to make access services efficient, e.g.,

   a. both institutions must maintain resource collections, but a coordinated program of the acquisition of little used materials would result in the formation of more comprehensive collections.

   b. The exchange of partial sets of serial titles, and the withdrawal of duplicates of old, little used material would produce more efficient storage.

3. To allow the two libraries to be viewed as one resource would require that some means of published, or at least some form of accessible, bibliographic records be maintained.

4. A dependable interlibrary loan service for the biomedical community could best be organized if the universities had the same policies of access and the same system of monitoring and billing.

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(1) Bloomquist, H. The status and needs of medical libraries in the United States. Journal of Medical Education 38:145-163, March 1963.

5. Since nearly all biomedical professionals have some institutional affiliation, the development of a dependable access service requires that all biomedical institutions have some organized library service. In line with this there is need for a consultation service to assist health agencies establish libraries and to aid agencies with libraries to improve their services.

6. Access to biomedical literature could be improved if MEDLARS search services were more directly accessible to Michigan institutions.

7. Although it is patent that only the institutions which have the resources can take on the responsibility for making the scholarly record fully available to all who need access to it, the organization of the universities is such that they cannot take on this task without the creation of a new administrative structure for fiscal and program coordination.

During the next four years action was taken on all of the above; some as an outgrowth of these meetings. Other aspects were acted upon quite separately from any decisions or promotion by this original group.

MEDLARS

In the fall of 1965, UM made application to NLM for a MEDLARS center. The contract was awarded in April 1966 for both a search and formulation center and named the Midwest MEDLARS Center which was to serve the states of Michigan, Wisconsin, Illinois, Indiana, Minnesota and Iowa. The first project director was David Maxfield. In August 1967, the decision was made that UM would only formulate searches which would then be forwarded to NLM for computer processing. Shortly before the establishment of KOMRML (December 1968) the Midwest MEDLARS Center was renamed as MEDLARS Center at the University of Michigan and the responsibility for accepting requests from the geographic area originally assigned was altered. (See below.)

Although a MEDLARS Center contract was awarded to UM in April 1966, OSU administrative officials felt that there would be a sufficient local demand for the use of MEDLARS tapes to warrant the development of a facility for Ohio. Through the leadership of John A. Prior, Associate Dean, College of Medicine, OSU, negotiations were begun with NLM to obtain MEDLARS tapes on a subscription basis and to train a MEDLARS searcher. Mr. Carroll Notestine of the OSU Computer Center modified the University of California at Los Angeles programs to convert the data for searching with IBM equipment and by May 1967 was successfully searching with MEDLARS tapes. The cost of this development program had been borne by three OSU departments, the College of Medicine, The Computer Center, and the University Libraries. In July 1967 funds were obtained from NLM to supplement this MEDLARS program.

Biomedical Information Service Institute

Because the earlier UM and WSU meetings had reached the conclusion that some kind of formal organization was needed to insure that any interinstitutional organization plan could actually operate, effort was spent defining what this new organization would do and how it would function. Giving a name to a concept does not give it substance, but to identify the concept, it was arbitrarily named the Biomedical Information Service Institute (BISI). In preparing the several drafts defining what the purpose or function of this new institute would be, two conditions seemed necessary. First, UM and WSU were not the only institutions supporting community biomedical library service; a sound interinstitutional program would have to include the participation of the other biomedical libraries providing extramural services. Second, the individuals and institutions who would be the recipients of these proposed organized services would have to be cognizant of them, and most important, undertake certain responsibilities for support of the program if it were initiated. In July of 1965 it was thought that the purpose of BISI was

> ...to serve as an agency to evaluate the operation of existing interinstitutional cooperative efforts and with the concurrence of the participating institutions, initiate and administer programs which will improve library service to the biomedical community. The goal of BISI is to make the entire scholarly record freely available to all biomedical personnel.

In September 1965 various health related agencies were contacted to determine their needs, interest, and willingness to participate in the development of BISI. The Greater Detroit Area Hospital Council which has over 80 member hospitals, the Wayne County Medical Society whose membership constitutes almost 40% of Michigan physicians, and the informally organized Metropolitan Detroit Medical Library Group whose membership is composed of librarians operating the biomedical libraries of the area, all expressed interest in the proposal to create such an interinstitutional library organization. Unfortunately, UM felt that the participation of these agencies so changed the character of the decisions reached earlier that UM withdrew.

An ad hoc Committee on Medical Library Problems was formed of the interested agencies listed above and WSU. The Committee held its first meeting January 19, 1966 at the Wayne County Medical Society in Detroit. The decisions and recommendations reached at this meeting were instrumental in subsequent actions taken, and interestingly, some of the recommendations are still in the process of being acted upon. In summary, the Committee decided upon the following as specific actions:

1. An organization should be developed to deal with library problems on a community wide basis. Since academic institutions possess the most comprehensive resources, both human and material, only an organization which included all the academic institutions would be viable and productive.

2. The Committee instructed the representatives from WSU to contact their legal counsel to draw up an agreement for BISI which could follow the model of already existing interuniversity agreements. This agreement would first be reviewed by the Committee and the agencies the members represented. Specifically, the BISI charter should contain

a) The means whereby it can amend its organization so that it can become more than an adjunct to either a single, or a group of universities;

b) A statement to the effect that the immediate function of the organization is to serve as an agency through which meaningful investigative work can be accomplished;

c) A mechanism to allow the securing of funds which might not be available to separate institutions.

3. Before any plan of action could be developed to go beyond the existing informal arrangements, more information about specific operations was needed. This data gathering was a full time job and could not be accomplished piecemeal. Some investigative work had begun, but this activity should be expanded and receive the official support of at least the agencies represented by the Committee.

To return to the other recommendations resulting from the January 1966 meeting: because of the admonition of the Committee, WSU started conversations with UD and MSU in April 1966. Several meetings were held, but a new dimension had been added to the plans that were begun earlier. Creating a new organization takes funds. The Medical Library Assistance Act was passed by Congress in October 1965 and included specific programs to which the activity undertaken so far should be related. The Heart, Stroke, Cancer and Allied Diseases legislation also contained authorization for the development of information programs. BISI as a concept, although not abandoned, clearly had to be redefined.

Investigative work begun

During this period staff was made available at WSU, supported by a USPHS grant to do investigative work on interinstitutional relationships. A survey questionnaire was developed for gathering data specifically on the library and other information processing services provided in hospital environments. The questionnaire was tested and the results

published. (2) Although the test questionnaire did acquire information, the information was of a negative kind. It merely demonstrated that services did exist of varying quality and of varying quantity. Whether the services were adequate, good or bad, or whether needs were unmet, were not generalizable from the data collected. A better means of securing service information was required if sound planning was to be undertaken (3). At about this time, two other investigative programs were started which were expected to yield data which would be applicable to Michigan institutions.

The Committee on Surveys and Statistics of the Medical Library Association had begun negotiations with the American Hospital Association to undertake a national survey of hospital library service. A questionnaire was sent out by the American Hospital Association in 1967 to all hospitals which could be identified as maintaining any kind of library service. The information collected has not as yet been reported (April 1969). In 1966 NLM awarded a contract to the Institute for Advancement of Medical Communication to develop methodologies for the management and evaluation of the operation of medical libraries. The actual work undertaken, because of time limits imposed under the contract, concentrated on the development of management instruments for academic and resource biomedical libraries. Adaptations can perhaps be made of the instruments for application to hospital environments. (4)

Central Medical Library Service

A description of the Central Medical Library Service (CMLS) is included in this paper because it served as a "demonstration project" for the subsequent development of the administrative structure of KOMRML. In addition and more importantly, CMLS revealed both limitations and possibilities for an RML program.

The Medical Library Assistance Act, under its resource grant program, made a provision for "cooperative" applications.

> When two or more separate libraries in different institutions elect to share the resources made possible by the grant and elect not to submit more than one applicant, the total formula of entitlement will be an amount equal to that which

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(2) Test Survey of Hospital Library Service in the Detroit Area. Wayne State University, Medical Library, Report No. 19. May 1966.

(3) This argument received support from an effort undertaken at Case Western Reserve in which an attempt was made to obtain information on library service in Ohio hospitals, cf., Rees, A. Feasibility Study for Continuing Education of Medical Librarians, Interim Report. Cleveland Center for Documentation and Communication Research, January 1968.

(4) Orr, R., and others. Standardized Inventories of Library Services. Bulletin of the Medical Library Association 56:380-403, Oct. 1968.

> it would have been if they had applied separately plus $1000.... It is required that institutions submitting applications to share resources enter into formal written agreements with the sharing institutions. These agreements must be executed by officials authorized to incur legal obligations on behalf of both the applicant institution and the sharing institution.

Without going into the details of the actual organizational negotiations, an agreement was made between WSU and eight hospitals to form a Central Medical Library Service. (See Appendix 1.) This was possible to initiate because of previous cooperative efforts undertaken to produce a local union list of serials and a union book catalog. WSU, as the central agency, was to prepare an application to NLM (a) for support to purchase both books and monographs for sharing among CMLS participating institutions, (b) to undertake the expansion of the existing published union list of serials and the book catalog, (c) to subsidize interlibrary loan service to be provided not only among the participating libraries, but the community as a whole, (d) to employ staff to bring the CMLS collections under consistent bibliographic control, and (e) to participate in cooperative monograph discard programs. The application was approved by NLM in November 1967. Some of the problems involved in implementing CMLS were anticipated, but their proportions and quality were not, even though in retrospect the comment could be made that they should have been anticipated.

First, academic medical libraries, or at least WSU, are not infinitely expansible. They were organized to serve a limited number of people. The resources extend only so far without being dissipated and thus, in the long run, unavailable. If, instead of eight hospitals, CMLS had included 30, WSU as a resource library would soon be decimated if it tried to comply with the program as outlined. Consequently, the meaning of "sharing" had to undergo a new definition. New rules and regulations were required. Above all, responsibilities had to be defined for both the consumer and the purveyor of services. The lesson was learned over and over again in CMLS that all privileges carry with them responsibilities.

Second, many administrative procedures can indeed be efficiently centralized, but only if the procedures and techniques are standardized. Industry may have learned this general precept generations ago, but medical librarians must learn it anew. Further, standardization is an easy concept to state, but the individual needs for information to support health care, research, and education are varied and unique to institutional environments and as yet do not admit to definition for standardization. Although such programs as selection and withdrawal of of titles for clinical environments can be discussed intuitively at great length, the intuition by which decisions are made is not easily reducible to general statements and guidelines. In essence, as library service expands and improves, not only must more responsibility be accepted by each institution for its own programs, but the institution must have the "intellectual" freedom to develop uniquely.

Finally, one of the objectives of CMLS was to create dependable interlibrary loan service. No formal effort was made to advertise the program, yet the demands for this service once established increased more quickly than the ability of CMLS to restructure its administration. It does not seem to be an unwarranted expectation that the demand for service would level off. This plateau has yet to be reached.

Michigan Interinstitutional Committee for Information Systems

The discussions during the spring and summer of 1966 among the Directors of Libraries of UD, The Reverend Robert J. Kearns; of MSU, Dr. Richard Chapin; and of WSU, Dr. G. Flint Purdy, made it clear (a) that any organization to be devised should relate to the regional medical library program under development at NLM, (b) that any interinstitution organization would require concurrence of appropriate governing boards, and (c) that UM must be included in any such organization because of its unique resources. Correspondence with the appropriate staff at NLM was begun; members of the original ad hoc Committee on Medical Library Problems were kept informed of each action.

Under the aegis of EDUCOM, UM, MSU and WSU created a working group, the Michigan Interinstitutional Committee on Information Systems (MICIS). Although MICIS was set up to deal with general communication problems, as an interinstitutional group it appeared to be an appropriate agency through which this informal committee of librarians could present their concerns and through which decisions for action could be taken. A proposal was prepared for presentation at the scheduled meeting of MICIS on October 7, 1966. The proposal described possible biomedical library programs that might be begun and requested that MICIS as an interuniversity organization create a task force to study in detail the consequences of regional medical libraries. The task force would be given the charge to design an administrative organization under which and through which Michigan institutions could contribute toward an RML. MICIS accepted the proposal that such a task force be formed.

Allan F. Smith, UM Vice-President for Academic affairs and Chairman of MICIS, appointed a six man task force in December 1966 with representation from each of the MICIS institutions. (6) The first meeting of the task force was held in January 1967. From the beginning, two separate organizations were envisaged, the first involving biomedical library service to Michigan health professionals, and the second a geographic area larger than Michigan that would be formed under the NLM regional library program. Although a Michigan organization could be created

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(6) From UM, Robert Hendrix and Robert Muller, from MSU, Hillard Jason and Julian Kateley (later replaced by Richard Chapin, from WSU, Thomas Bruce and Vern Pings.

independently of an NLM established RML, it appeared to the task force that the details and concepts of NLM's program needed to be understood.(7) In April 1967 an all day meeting was held at WSU. Besides representatives from the MICIS institutions and the agencies forming the earlier ad hoc Committee on Medical Library Problems, representatives from UD, the Michigan State Medical Society, the Michigan Health Department, the Dean of the Michigan Osteopathic College, a representative for the then named Toledo State College of Medicine, and a staff member of the NLM Regional Medical Library program attended, Some of the conclusions of this meeting were that:

1) A regional medical library under the terms of the Medical Library Assistance Act must include about 10% of the nation's health professionals as its clientele;

2) No one Midwest state can boast such a population; therefore any regional medical library would have to serve more than one state;

3) Any institution or agency wishing to accept the responsibility of acting as a regional medical library must demonstrate that it has the support of interested institutions;

4) The selection of an appropriate institution from an interstate region to operate a regional medical library could not be accomplished without those in situations who qualified being able to meet with each other.

A report of this meeting was made to MICIS in June 1967 with the recommendation that the MICIS chairman contact the academic institutions of Indiana, Kentucky, Ohio, and Michigan which support health professional schools (a) to inform them of the task force's activity to date, (b) to inquire if any work similar to that of the task force was underway in other areas in the four state region, (c) to invite them to comment not only on what had been done, but to seek their guidance, and (d) to inform them that the MICIS task force was preparing a regional medical library proposal without specification of a "home institution". The assumption of the

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(7) In the final report of the task force to MICIS a recommendation was made to create a Michigan library service to undergird the Regional Medical Library. Since a separate interinstitutional agency, the Michigan Association for Regional Medical Programs (MARMP), was already formed, MICIS referred these recommendations to that agency and withdrew further action. A proposal was prepared and submitted to MARMP, which, as of April 1969, had yet to be reviewed by all appropriate bodies. Although related to the functioning of KOMRML, the details of this proposal are not discussed since it is only one of several now under study by other Regional Medical Program offices in the KOMRML area.

task force was that only after a draft proposal had been prepared could there be a basis for discussion to identify which institution might be best equipped with the human and material resources to create a regional medical library, and further such a document could serve as a basis for discussion with interested institutions.

By the middle of August 1967 a response had been received from all the institutions contacted. At the same time a draft proposal had been prepared. Because the organization of the proposed regional medical library appeared to deviate from that described in the NLM guidelines, NLM was asked if the draft proposal could receive a preliminary review by the Facilities and Resources Committee at its October meeting. This request was granted. At the same time, the task force asked Allan Smith to contact again the academic institutions responding to his earlier letter. He was to send a copy of the draft proposal for a possible RML. It was also suggested that a meeting be held (a) to discuss the problems involved in creating RML, (b) to comment on the general and specific aspects of the prepared draft proposal, and (c) to indicate in a letter whether the addressee would like to be considered as the "host" institution to the RML.

A response was received from all original respondents, and all but Indiana University indicated that they would send a representative to the meeting scheduled at WSU on November 13, 1967. This four hour meeting with representation from nine of the participating institutions of KOMRML worked diligently and with dispatch. Social scientists have not been able to define the conditions under which a group meeting for the first time can act in concert, but for this group perhaps it was the guidance of the chairman, Robert Hubbard (WSU's MICIS representative who substituted for Allan Smith), perhaps it was the leadership taken by different individuals at the meeting in dealing with delicate and thorny problems. Whatever the cause, within this short space of time

1) The draft proposal was gone over in detail with specific alterations proposed and accepted by the group.

2) All institutions agreed to supply recent data with respect to their institutions to be incorporated into the proposal.

3) A decision was made to create an organization through an agreement to be signed by institutions maintaining resource biomedical libraries. The agreement would be formalized as bylaws to serve as a basis for administering this cooperative enterprise of a regional library. A condition was to be included in the agreement to the effect that, although the reasons involved in creating KOMRML included the existence of federal legislation, the resulting organization could be maintained independent of federal funds.

4) WSU was agreed upon as the grantee institution through which an application to NLM would be submitted.

5) The decision was made that an application be submitted by February 1, 1968; a new draft of the application was to be prepared and an agreement drawn up in time for review so that if another meeting were needed, it could be held on January 15.

Many individuals had to review and then explain to administrative officers the nature and details of KOMRML, however, the remainder of the work of the preliminary organization was accomplished without another meeting. The necessary promised information was received and incorporated into the application and approved by the participating institutions. The "Agreement to Establish and Maintain a Regional Medical Library Facility for States of Kentucky, Michigan, and Ohio" was prepared and signed by all participating institutions by May 1, 1968. (See Appendix 2.) The Board of Governors of WSU agreed to accept the responsibility as grantee institution in February. In this same month a site visit was held at WSU with all participating institutions present. After the agreement was signed, WSU appointed Vern Pings as pro tem Director of KOMRML until approval of the Executive Committee. (The membership as of April 1969 is given in Appendix 3.) The NLM Board of Regents acted favorably on the application in June, although they limited the funds from PHS to $100,000 for three years rather than for the amount requested for the five years in the original application.

DESIGN OF KOMRML PROGRAM

The enabling legislation creating regional medical libraries was written in general terms. As interpreted by those organizing KOMRML, the RML was supposed to be a decentralization of NLM, but NLM as a complex institution is not easily decentralized -- there is no other medical library in the world which matches it in size or diversity of programs. By November 1967 many committees had been formed and meetings held to interpret the intent of Congress and although many opinions and generalizations had been expressed and recorded, little hard data were available on which to make decisions in designing a regional medical library. For Kentucky, Ohio, and Michigan (KOM) institutions, constraints and conditions had been identified and defined. The task before the group at the November 13 meeting was to manipulate the constraints and conditions so as to design a library system within the intent of federal legislation as well as to form an organization independent of federal funds. The following conditions and limitations that had to be taken into account are not listed in the chronological sequence in which the planners became aware of them nor in any recognizable order of importance.

1. As interpreted by NLM, the function of regional libraries is to equalize the access to biomedical information for all health professionals. Access to biomedical information is now not equal: does this mean that those individuals who do have good library service are to have their services reduced so that the less fortunate may have some service? As unacceptable as this question may sound, it nevertheless is a significant one because as discussed below, compromises must be made. No institution, including libraries, can be all things to all men.

2. The KOM geographic area in which a regional library is to be created had been arrived at almost by default. Regional libraries were already approved by NLM or were in the process of being considered to the east, west, and south of KOM. In terms of population the three state area was large enough to support a regional library, but it did not form a natural economic or social geographic unit.

3. A condition of any grant to support region library service from NLM was that funds were to be used only to supplement, not supplant, existing services. All the academic resource biomedical libraries in KOM were already supporting extramural programs which were straining their budgets. As early as 1963 it had been estimated that the biomedical interlibrary loan flow for KOM would reach at least 100,000 by 1970. This figure was confirmed in a study undertaken by KOMRML in October-November 1968 in which it was learned that the participating libraries of KOMRML alone were processing over 70,000 interlibrary loan requests. To subsidize this program completely would absorb the entire share of the appropriated funds that could be reasonably allocated to KOMRML from NLM. Quite clearly, some means must be found to augment existing services without seriously encroaching upon service already available to KOM health professionals.

4. Any program devised must be monitored to demonstrate that it makes a difference ultimately to the attainment of better health care for our nation. "It is not enough to believe, however sincerely, that we are doing good. It is not enough to invoke 'experience' or to collect meaningless and misleading information.... It is not enough to rely upon the support of colleagues...and to accept their endorsement of our work as proof of its effectiveness. Professional in-group support does not measure effectiveness and does not absolve us from accountability for our decisions. The effectiveness of social agencies...is a question to be determined empirically by methods which can be repeated and verified by others". (8)

5. By November 1967 other regional libraries had been or were in the process of being established. Each of these organizations could, in a sense, be viewed as an expansion of service from a large library which had no rival in resources, space, and staff within its region. Equality among medical libraries has never been determined. Astonishingly, none of the existing biomedical resource libraries of KOM admitted to possessing all the qualities that seemed necessary if just one library was to take on the responsibility to act as a RML utilizing only its own resources. In other words, if a RML was to be created within KOM, some method of sharing resources and responsibility would have to be found which could function for the benefit of the region and at the same time qualify for funds under the NLM regional medical library grant program.

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(8) Wilkins, L.T. Social deviance. Englewood Cliffs, N. J. Prentice-Hall, 1965, pp 5-6.

6. Every library must take its character, aspirations, and objectives from its parent body or governing board. Each institution has its history and tradition which cannot be denied. KOM is certainly not unique in its institutional diversity nor immune to provincial proclivities. Any RML organization would have to be useful to at least most institutions, and above all, acceptable and recognizable as relating to common purposes.

7. While no single institution admitted to unique qualifications for acting as a regional library, KOM, compared to other regions of the nation, had an abundance of one kind of regional service: two MEDLARS centers were operating. The guidelines published by NLM required that the RML's include a MEDLARS formulation service. If one of the institutions operating a MEDLARS center accepted the responsibility for creating KOMRML, should the other MEDLARS centers be closed? If neither institution accepted the RML challenge, should both MEDLARS centers be closed and moved to the RML?

8. The guidelines that had been established by NLM indicated that RML services were to supplement existing services. The Medical Library Assistance Act stipulated that RML interlibrary lending is to be free, that is, subsidized by federal funds, to all qualified users. Considering the variety of resources, available talent and funds, what priorities of service were to be established; what services were to be given, and what quality of service could be given dependably?

Perhaps if all of the above factors had been known to exist simultaneously, no project would ever have been designed. Fortunately, they were often dealt with one at a time, temporarily "solved", then reconsidered as new aspects had to be incorporated. What follows is a summary of the program as finally submitted to the participating institutions and to NLM. Again, no effort is made to relate specifics in any chronological order or in any system of priority, rather it is an attempt to reveal how compromises were arrived at and why certain decisions were made.

The most difficult problem to resolve was the one of the basic structure. Regionalization implies some kind of centralization, but library service must, to be socially useful, relate directly to the needs of individuals. What had been apparent for many years, and what Congress legalized in the Medical Library Assistance Act, is that our medical library institutions need to be reformed. If regionalization is equated with centralization, then one is led inevitably to the possibility of creating the kind of organization which has become the object of destruction by the revolters and militant reformers of our society: an even larger more inclusive organization might result in a system whose purposes dominate over individual purposes. The factors relating to the design of an RML for KOM were generalized into three aspects.

First of all, was any kind of regional organization desirable? Simply because Congress had sanctioned a new kind of institution did not necessarily mean one had to be created. The evidence collected by the

study groups demonstrated that some kind of reform was needed; to assume that the existing informal library system could continue to cope with the increasing demands being placed on it through routine repair of breakdowns in operations seemed naïvely expectant. To deny that some kind of organization through which individual and institution problems could be worked on seemed to be an abnegation of responsibility and indicated a paucity of spirit. Only the institutions with resources have the power to effect meaningful and useful changes; for the resource institution to resist change is a refusal to accept leadership.

Another important element was to identify an institution with the resources and human talent to accept the responsibility for leadership. Individuals and institutions could then follow this leadership and adjust to the rules and regulations it decreed. Our society is based on a system of checks and balances of authority. A monolithic organization, even if tempered by Quaker sweet reasonableness, is subject to corruption and distortion. Whether it was a fortitutous circumstance or whether it was recognized through the humility of wisdom, no one institution which possessed the potential resources felt it could assert dominance over the others, with or without sweet reasonableness. This should not be interpreted as a lack of concern or a lack of commitment on the part of the academic institutions to improve themselves.

A third aspect relating to program design appeared to be to capitalize on the variety of excellence that each institution possessed and channel these qualities toward dealing with the immediate and long range problems. The aim would be to utilize and to test the values each of the resource institutions had evolved through their own unique purposes and history. To emphasize it in a negative way: The RML should not search for or create a new value system, but rather be faithful to those already incorporated into the institutional structures and make them work dependably and equitably.

Since only the last alternative appeared applicable to KOM, the task remained to define how to implement it, how to put it down on paper so that the political scientist or the social scientist could recognize it as a possible organization. The answer arrived at, and the one KOMRML is now trying to establish, was to recognize that KOMRML could only be an administrative structure. The actual service must remain at the libraries where it always has been. The function of the administrative unit is to identify those features that strengthen the institutional complex that exists to allow for improved service to individuals. Reducing this precept to action means that to attain better access to information, each library must extend and alter its responsibilities, not just the resource libraries, but all the biomedical libraries. The RML is to monitor, examine, and develop the total complex of libraries but not for the aggrandizement of a single institution or for itself.

Generalities gloss over the nitty-gritty details of real life. While KOMRML, as an organization, is to be an institution that utilizes the variety and the talent of individual initiative and increases the responsibility and participation of all libraries, a mechanism must be defined through which these characteristics can operate. Further, the resources are not open-ended. A new organization must start with the facilities and resources it has. One of the factors on which KOMRML could be built is that all the participating institutions did have an extramural program in operation. Granted, no two were alike in general scope or in procedural details. The first steps, organizationally, were to find the means to equalize, but not standardize, these many programs. The actual aim was to upgrade all extramural programs so that insofar as the individual consumer of library services was concerned, he was being satisfied.

The obvious service to start with was document delivery, not because it was a requirement for an RML under the Medical Library assistance Act (KOMRML was, after all, organized before any federal grant was received), but because all participating libraries were already supporting such a service. While KOMRML's aim was to provide as many alternatives and choices as possible, not all choices can be maintained if maximum utilization of resources is to be attained. A series of arbitrary decisions were made. First, the geographic area for which each participating library would be responsible had to be delineated. It was thought that perhaps the geographic areas of service should follow those of Regional Medical Programs. Although this may eventually occur, at the time KOMRML was undertaking its planning, Regional Medical Programs were (i) poorly defined and (ii) administratively, in two instances, incorporated several participating libraries. The temporizing alternative was to arbitrarily create geographic service areas with adjustments for agreements of affiliation or long standing association. At present, each participating library has a defined service area and is responsible for maintaining a document delivery service among institutions within the area. If specific documents cannot be supplied from the area, then the participating library accepts the responsibility for referring the request to either another one of the participating libraries who can possible supply the item, or to NLM. To obtain this latter service, the original requesting institutions are to make requests for documents through their participating resource library only.

Document delivery service provided the means by which the basic organization of KOMRML was formed. It was assumed if document delivery services, the basic service of any library, were established, other services could be incorporated into the administrative structure. The major resource libraries were to continue their present extramural document delivery service, but now it was to be done with a more precise definition as to whom and for whom such services would be given. The participating library would extend and expand its service through KOMRML by establishing a referral service. For a few this new organization for access to library service may appear to be, compared to the previous laissez-faire organization, restrictive and inconvenient. The acumen of the planners will be tested by the number of complaints received.

Because of the lack of sound data to support decisions, the decision making structure of KOMRML has to be one which is receptive to difficulties and is capable of effecting changes. From the agreement (Appendix 2) it can be seen that the Executive Committee is formed with two representatives from each participating institution, one of whom must be from the health science library. The particular representation was a subject of study and thought and again compromises had to be made. Ideally, the executive or advisory board should have representatives from appropriate consumers of KOMRML service, not just the providers of service. Because of the large area of KOM and the diversity of consumers, to choose representative agencies who could provide feedback would have to be arrived at intuitively. Further, any true representation would involve a large number of people and would have to act as a congress if it were to contribute any real service. Otherwise, the committee would be only a mechanism by means of which KOMRML would inform some people and some agencies of its activities. The following rationalizations occurred in arriving at the existing organization of the Executive Committee:

1. The institutions on whom KOMRML depend for its resources must have authority to alter policies when they effect the efficiency of library units; without assurance of the dependability at the operational level, KOMRML would only be a paper organization.

2. To avoid the pitfall of library administrator dominance, other than librarians should also be monitoring decisions and actions; these individuals should represent, at least to some extent, the community of users.

3. The evaluation of KOMRML from the consumer viewpoint could be accomplished through the monitoring and measuring of the extent and efficiency of the services offered.

4. If it should be found that as KOMRML develops a broader representation is needed, the Executive Committee could be expanded or a separate reviewing body be created.

Again, organizing the document delivery service on the operational level defined the function of the administrative office of KOMRML.

1. If a referral service is to be the basic service, then some method must be available to identify locations of requested documents. Although the Union List of Serials and New Serial Titles does list holdings of participating libraries, these instruments are not adequate for creating a dependable referal service. Bibliographic control of this kind requires a centralized processing unit.

2. The division of KOM into service areas requires some centralized "control" for the "assignment" of institutions to specific service areas. Updating of this information as necessary would also be controlled by the administrative unit.

3. The communication of KOMRML policies to consumers of its service, although it can be decentralized, requires clerical staff to prepare, process and mail.

4. The assumption that the effectiveness of KOMRML could be judged through monitoring procedures requires a centralized processing of the reports of the work done at each of the participating libraries.

5. The central office must, because of federal regulations, be responsible for the accounting of all federal funds used in the support of KOMRML.

6. The planning and subsequent initiation of other than the referral service should be accomplished in a less arbitrary manner from that employed in getting the first service organized.

IMPLEMENTATION

What is described above occurred at planning sessions or through correspondence among participating libraries. The reduction of the concept to daily routines had yet to be accomplished. Although the Executive Committee was appointed by May 1968, no further implementation of the program to which the 10 participating libraries had agreed was undertaken until word was received on the suitability of the application submitted to NLM.

Since the development of an RML program is a long term operation, the original application submitted requested a five year commitment of $128,000 for the first year and $210,000 for subsequent years. The NLM Board of Regents in June 1968 actually approved funding for only three years at a rate of $100,000 per year. Although no formal report was sent to KOMRML giving reasons for the reduction, discussions with NLM Extramural Staff revealed that the organization and service plan was unique, compared to other RMLs, and it was felt more planning would have to be done before all the services proposed could be implemented. The reasoning behind this reduction may appear to some as strange--that because there are more problems, less funds are provided. Assurances were given that should KOMRML demonstrate it can support a viable program for which additional funds are needed, a supplemental application can be submitted. Further, the reduction for approval from five to three years is again recognition that KOMRML as an interinstitutional cooperative arrangement is complex; three years should be ample time to demonstrate whether it is functionally possible. Three immediate tasks faced KOMRML, (a) reduction of the program with the establishment of new priorities and a time schedule, (b) preparation of actual procedures for implementing services, and (c) coordination of the MEDLARS centers with KOMRML.

Reduction of program

The original application had listed services in a sequence based on a priority at which work would be started toward their accomplishment.

1. Document delivery services,

2. Publication of catalogs, both serials and books, to expedite document delivery services,

3. An education and consultation service,

4. An acquisitions program to strengthen the region's resources,

5. Development of reference services to supplement MEDLARS services,

6. Development of an investigative plan, distinct from the necessary monitoring for operational purposes, for the collection and analysis of data as aids in planning and the management of KOMRML for expansion and/or reorganization,

7. Begin organizing services paralleling those above for non-print media.

The task was to select the programs which could be supported from available funds and still remain within the spirit and purposes of KOMRML agreement and the federal legislation. Since document delivery services are specifically stated as a necessary part of RML in the federal legislation, the service must obviously remain. The union lists were planned to make the document delivery service more efficient. A less extensive development of bibliographic control instruments than originally planned could accomplish the purpose and at the same time prepare the participating libraries to join with national progra s then in the planning and design stages. (9)

As already pointed out, a library network or system can only function efficiently if all institutions within the system contribute responsibly to the system. The education and consultation service originally proposed was to insure progressive upgrading of library services throughout KOMRML. Fortunately for KOMRML, Case Western Reserve, Center for Documentation, had been investigating under a NLM grant the feasibility of a continuing education program for librarians charged with the operation of health sciences libraries in hospitals and other institutions not directly

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(9) Consideration had been given to creating a union catalog of monographs; NLM advised KOMRML to withhold action on developing such an instrument until the design of MEDLARS II is complete; the possibility exists that a National Union Catalog could be created through modification of Current Catalog.

related to academic institutions. Although in design it was not specifically thought of as being a RML program, study was well advanced and the investigators were already involving three of the participating libraries. This part of KOMRML proposed services could, in effect, be undertaken elsewhere. At the end of the Case Western Reserve study, KOMRML could either take over certain functions, or, relate to a program that might develop at Case Western Reserve so that KOMRML's purposes could be served on that program.

The remaining proposed services would have to be postponed until such time as it could be demonstrated that they could be incorporated into KOMRML's structure.

MEDLARS services

The provision of MEDLARS service to KOM was already established through the two centers at OSU and UM. Although it may not appear neatly on an administrative chart and may not appear logical in view of the prepared guidelines and precedents already established for RMLs, the relationship of these two MEDLARS centers which were serving geographic areas involving two RMLs, KOMRML and the Midwest RML (at John Crerar), were redefined at a meeting held at WSU in December 1968. It was agreed by officials from NLM, representatives from the OSU and UM MEDLARS Centers, and the Directors of the two RMLs that OSU would continue to accept requests from Ohio and Kentucky and do the computer searching of the formulations they initiated as well as those prepared at the UM. UM would continue to formulate all requests initiated from Michigan and those received from the Midwest RML until such time as the latter developed a MEDLARS center of its own. UM would then act as a backup for the Midwest RML as well as for NLM. Any requests for MEDLARS searches received at the KOMRML participating libraries or the Central Office would be forwarded to the appropriate center for processing.

Organization of service procedures

At the time of notification of approval of KOMRML's application by the NLM Board of Regents, the Executive Committee was already identified. Although many of the same individuals were appointed who were instrumental in the original planning, a great deal of which was done by telephone and correspondence, the moment of truth had arrived where generalities and ideas had to be translated into action. First, the decision making procedures had to be defined more formally; that is, what were the responsibilities of the Executive Committee and the KOMRML Director? Second, how were announcements to the press and to consumers of KOMRML services to be coordinated by 10 institutions, and further, what were the announcements and releases to contain? Finally, if the objective was to be obtained that the biomedical literature of 10 institutions was to be made accessible to 10% of the population of health professionals of the nation, rules and procedures acceptable to the operation of the 10 participating libraries and understandable to the users of the document delivery service had to be devised.

The first available date which could be attended by the full membership of the Executive Committee was September 23. This delay was perhaps fortunate because a communication device had to to be designed which allowed the Executive Committee to function during the summer. The first device used involved a numbered system for all communications to the Executive Committee. Any document of interest to the Executive Committee, irrespective of its origin, can be distributed and further, each member can determine if he posses all the relevant documents.

The second device employed was the use of "working papers". Since the Executive Committee could not meet until September, planning could not be delayed. During July, August, and early September four members of the Executive Committee, Jo Ann Johnson, Don Dennis, Thomas Rees, and Robert Cheshier and the Director prepared documents discussing the alternative actions that might be taken by KOMRML. Although it was early established that aspects of the original program would have to be curtailed, any discussion of KOMRML's operation had to include the possibility of later including the postponed parts of the program. Piecemeal planning at this stage would only complicate future development. Eight papers were produced before the September meeting; their content can be surmised from the titles:

1. Rationale of the regional medical library program.

2. Resource (i.e., participating) library service area and the qualified user.

3. Document delivery services, procedures and responsibilities.

3-A Addendum to "Document delivery service".

4. Procedures for the development and maintenance of a record of the region's serial resources.

5. Development of instruments for text and monograph location information.

6. MEDLARS services, present operation and proposed relationship to RML. (10)

7. Possible relationship of Case Western Reserve educationfor hospital library personnel to RML.

8. Management and planning information; needs, methods and costs.

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(10) The recommendations proposed were adopted, see discussion above, page 19.

These working papers served as an agenda for the September 23 meeting. Obviously, not all aspects could be fully covered in one day. The Executive Committee agreed to reconvene on October 10 in Cincinnati, but the following decisions were made and actions taken:

1. The Executive Committee internal procedural matters were agreed upon and a Chairman and Vice Chairman elected, William H. Knisely (MSU) and Omer Hamlin (UK).

2. As a basic policy, KOMRML should direct itself to develop as a system which is to support the information programs of the separate Regional Medical Programs within the KOMRML area.

3. Before any procedures for KOMRML document delivery services could be devised, more information was needed. (a) What are the similarities and differences of the extramural document delivery services among participating libraries? (b) An attempt must be made before the initiation of any service to determine a base line from which the effect of the program could be judged. The latter could only be acquired by collecting data from participating libraries and NLM; the dates for collecting data were set for October 14 through November 8.

4. Each participating library would see that all other participating libraries had a copy of each other's serials list or holdings, if any RML serials list were to be produced, it would be an exceptions list; i.e., titles listed in index and abstract journals that no participating library held, or at most, was held by only one library.

The discussions of the meeting held in Cincinnati on October 10 revolved around clarification of the nature of the service area for which each participating library was to be responsible, and further planning on what information was to be analyzed in the one month interlibrary loan study (to which NLM had agreed to contribute). The details of the document delivery service ought best be discussed and planned by those actually responsible for the interlibrary loan service at each of the participating libraries and a meeting was planned to convene in Columbus on November 22 to include these individuals.

During this time drafts of announcements and press releases were being prepared for approval by the participating libraries and NLM; decisions on this matter were important because NLM informed KOMRML that the award of the funds approved would be made effective January 1, 1969.

At the meeting in Columbus a report was given on preliminary analysis of some of the data collected on the four week study. (11)

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(11) The results of the study are not discussed further since they have previously been reported, see Monroe, E. J. and Pings, V. M., Kentucky, Ohio, Michigan Regional Medical Library, Papers and Reports, No. 1, February 1969.

Other actions and decisions taken at this meeting included an agreement on the general outlines for specific procedures, not only on the actual services to be given, but also how they are to be reported, how funds were to be disbursed, and how individual institutions were to be identified for service area purposes. The information already collected was thought to be sufficient to proceed to do the detailed work involving the printing of forms, stationery, etc. Assuming no further difficulties, press releases would be sent out announcing the NLM grant award early in January. The date for the first "official" meeting of the Executive Committee was set for January 15, 1969, to be held in Toledo.

Although time was spent at the Toledo meeting clarifying such details as how mailing lists for announcements were to be generated, how mailings were to be executed, and in what manner the document delivery services procedures had to be changed to incorporate variations in policies among participating libraries, it became clear that the minutiae involved in implementing services were taking up too much time of the Executive Committee. It was therefore decided that the Executive Committee should have a sub-committee which would be identified as its administrative unit, and this sub-committee would meet in Detroit on March 21, 1969. By that time procedural manuals would be prepared and participating libraries would have had some experience in operating under KOMRML policies. This decision of the Executive Committee caused the creation of another communication mechanism, a numbered series of administrative memos.

The first administrative memo was issued on January 27, 1969. Subsequent memos included drafts for the development of the KOMRML Procedural Manual, as well as the general policy statement on KOMRML Interlibrary Loan Referral Service. The contents of the procedures can be surmised from their titles.

Procedure 1. Requests received from outside (participating library's) service area.

Procedure 2. Return of interlibrary loan requests as unsuitable for KOMRML referral service.

Procedure 3. Interlibrary loan referrals by mail.

Procedure 4. Recording interlibrary loan and referral activities on the Report Activity Form.

Procedure 5. Requests from qualified users without institutional affiliations.

The procedures were adopted by the Administrative Committee at the March meeting with the full expectation that changes would have to be made. (12)

(12 Although each participating library obviously has copies of the KOMRML Procedure Manual, it is not available for general distribution; copies may be borrowed on interlibrary loan from the KOMRML Central Office. Because the data collected through the implementation of Procedure 4 may be of interest beyond KOMRML, a report is planned for the future when sufficient data have been collected for analysis.

EPILOGUE AND APOLOGIA

Undoubtedly those who have read this paper up to this point may feel they know more about some of the details of KOMRML than they need or want to know, on the other hand, important pieces are lacking to gain an understanding of KOMRML's functioning. Parts that are lacking may never have been defined with sufficient clarity to relate. I can only reiterate the purpose of the paper, to reveal how a new social institution came into existence, to reveal its parentage. As with each birth, there is a promise and a hope for a bright future. The test comes with growth. If KOMRML does not grow up to meet its expectations, then perhaps those not involved in its formulation can help by judging whether the fault lies in our lack of vision, our lack of understanding, or failure to anticipate. The aim of KOMRML is to contribute toward improving health care to the citizens of three states. Only through consensus can such social action be accomplished.

APPENDIX 1

AGREEMENT TO ESTABLISH AND MAINTAIN A CENTRAL MEDICAL LIBRARY SERVICE

THIS AGREEMENT made this 16th day of June, 1966 by and between Wayne State University, hereinafter referred to as the "University," and Children's Hospital of Michigan, The Grace Hospital, Harper Hospital, Hutzel Hospital, Lafayette Clinic, Oakwood Hospital, Rehabilitation Institute, Inc. and Sinai Hospital of Detroit, hereinafter referred to collectively as "Sharing Institutions,"

WITNESSES:

WHEREAS, each of the parties hereto currently maintains its own medical library; and

WHEREAS, the University wishes to establish a central library service for greater efficiency of operation; and

WHEREAS, each of the Sharing Institutions also wish to benefit from and share in the central library service.

NOW, THEREFORE, it is agreed that:

1. The University shall be the central agency for coordinating the library resources and services of all of the parties hereto.

2. Each of the parties shall have full and equal accessibility and use of such resources and service.

3. To the extent feasible the University shall be the central agency through which acquisitions shall be made.

4. The University shall extend and maintain central bibliographic processing of all material in each of the collections of the Sharing Institutions. In furtherance of the purposes of this agreement the University shall be the central agency to:

   a. Process bibliographic information with the ultimate purpose of establishing a central integrated data processing system.

   b. Coordinate biomedical information resources of Sharing Institutions.

   c. Coordinate development of new and improved programs.

   d. Train qualified persons to perform the skills necessary to efficiently operate a medical library.

5. There shall be a director of the central library service who shall be the medical librarian of the University. There shall also be an executive committee consisting of one representative from the University and

one representative from each of the Sharing Institutions. The executive committee shall meet as often as is necessary and shall be advisory to the director. Rules of procedures and all other actions of the executive committee shall be based upon majority rule.

6. To further implement the purposes of this agreement the University shall make application for a Medical Library Resource Grant under the Medical Library Assistance Act of 1965, Public Law 89-291, it being understood that Sharing Institutions agree not to participate in any other resource-sharing application and further agree to comply with all of the regulations and conditions imposed by the Surgeon General of the Public Health Service upon Sharing Institutions.

7. Any party hereto may terminate its participation in this agreement by sending each of the other parties written notice of its intent to withdraw at least six months prior to the date of withdrawal. Upon voluntary withdrawal by any party it shall not be entitled to receive any assets, money or other benefit from other participants. In the absence of such termination this agreement shall continue in effect indefinitely.

8. The University may add additional sharing institutions as party to this agreement by entering into a separate agreement with such parties and sending written notification to all other Sharing Institutions one month before the new member begins participation.

IN WITNESS WHEREOF, the parties hereto have each duly executed this agreement as of the day and year first above written.

APPENDIX 2

AGREEMENT TO ESTABLISH AND MAINTAIN A REGIONAL MEDICAL LIBRARY FACILITY FOR STATES OF KENTUCKY, MICHIGAN, AND OHIO

THIS AGREEMENT made this 1st day of May, 1968 between the Cleveland Health Sciences Library, Medical College of Ohio at Toledo, Michigan State University, Ohio State University, University of Cincinnati, University of Detroit, University of Kentucky, University of Louisville, University of Michigan and Wayne State University, hereinafter referred to as Member Institutions for the purposes:

WHEREAS, each of the Member Institutions hereto currently maintains resource health science libraries,

WHEREAS, each of the Member Institutions wishes to optimize and equalize access to, and to provide for the most effective dissemination of health science information in all its forms, in order to respond to the needs of investigators, practitioners, educators, and students,

WHEREAS, it is desirable to promote and stimulate cooperation among health science libraries within the region,

WHEREAS, it is necessary to develop guidelines and make policies for the establishment and maintenance of a regional medical library, hereinafter referred to as the Regional Library, and

WHEREAS, it is also necessary to review and evaluate the program and services rendered by the Regional Library.

NOW, THEREFORE, it is agreed that:

1. The Regional Library for practical administrative and fiscal reasons is to be operated from an existing health science library of one of the Member Institutions, hereinafter referred to as the Host Library; the health science libraries of the other Member Institutions are hereinafter referred to as Participating Libraries.

2. The selection of the Host Library shall be made by the Executive Committee after written approval is obtained from Member Institutions indicating their willingness to serve in this capacity.

3. The Executive Committee of the Regional Library is hereby established and shall consist of two members from each Member Institution of whom one must be a health science librarian of the Member Institution.

   a. The appointment of the Executive Committee shall be made by appropriate authorities of the Member Institutions.

   b. The Executive Committee shall be authorized to establish its own rules of procedure.

   c. The Executive Committee will hold at least one meeting annually; additional meetings may be called by the Director of the Regional Library

or upon written request of any member institution to the Chairman of the Executive Committee.

d. The Chairman of the Executive Committee will be elected at its annual meeting and may succeed himself.

e. The Director of the Regional Library shall be an ex officio member of the Executive Committee with no voting rights and shall serve as its Secretary.

f. A quorum of the Executive Committee shall consist of representation of one-half of the Member Institutions.

g. Each Member Institution will be accorded one vote.

4. The Host Library shall appoint a Director of the Regional Library with the approval of the Executive Committee. The Director shall develop, organize and administer the Regional Library with the advice and approval of the Executive Committee. Responsibilities and duties of the Host Library and Participating libraries are to be defined by the Regional Library Program prepared by the Director. A Participating Library shall inform the Executive Committee what aspects of the Regional Library Program with which it cannot comply.

5. The Host Library shall prepare an application to be submitted to the National Library of Medicine for the establishment of the Regional Library under the provisions of the Medical Library Assistance Act of 1965 (Public Law 89-291).

a. Member Institutions agree to abide by the regulations and conditions to the provisions of basic statutory authorities, appropriation acts to Part 59a, Title 42, Code of Federal Regulations.

6. Any disbursements by the Host Library to Participating Libraries shall be made pursuant to rules established by the Surgeon General of the Public Health Service and paid from federal funds made available for this purpose except as provided in paragraph 7.

7. The Executive Committee shall determine what charges to institute, if necessary, for services rendered to institutions and individuals.

8. Additional signatories to this agreement shall be at the discretion of the Executive Committee after a review of a written application from the applying agency.

9. Member Institutions may withdraw from this agreement upon application to the Executive Committee who shall determine the effective date of withdrawal which shall be a year or less from the date of the request for withdrawal.

IN WITNESS WHEREOF, the parties hereto have each duly executed this agreement as of the day and year first above written.

APPENDIX 3

KENTUCKY, MICHIGAN, OHIO

Regional Medical Library Program

Evecutive Committee Addresses

Cleveland Health Sciences Library	Robert G. Cheshier Director Cleveland Health Sciences Library 11000 Euclid Avenue Cleveland, Ohio 44106 Dr. Robert F. Parker Assoc. Dean for Medical Education Case Western Reserve University School of Medicine 2109 Adelbert Road Cleveland, Ohio 44106
Medical College of Ohio at Toledo	Mr. R. M. Watterson Librarian Medical College of Ohio at Toledo Post Office Box 6190 Toledo, Ohio 43614 C. Robert Tittle, Jr., M.D. Program Coordinator Northwestern Ohio Regional Medical Program 2313 Madison Avenue Toledo, Ohio 43624
Michigan State University	Mladen Kabalin Michigan State University Library Science Library East Lansing, Michigan 48823 Dr. William H. Knisely, Director Institute of Biology and Medicine 309 Administration Bldg. Michigan State University East Lansing, Michigan 48823
Ohio State University	Miss Jo Ann Johnson Health Center Library 1645 Neil Ave. Columbus, Ohio 43210 Dr. Lewis C. Branscomb Director of Libraries Ohio State University 1858 Neil Avenue Columbus, Ohio 43210

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	Harry Rudney, Ph.D. Professor and Director Department of Biological Chemistry College of Medicine Cincinnati, Ohio 45219
University of Detroit	Victor DeSchryver, Librarian University of Detroit School of Dentistry 2985 E. Jefferson Detroit, Michigan 48207
	Rev. Robert J. Kearns Director of Libraries University of Detroit Library 4001 W. McNichols Rd. Detroit, Michigan 48221
University of Kentucky	Omer Hamlin, Jr., Director Medical Center Library and Communications Systems Medical Center Annex #2, Room 225 University of Kentucky Lexington, Kentucky 40506
	Dr. Harold F. Parks Department of Anatomy University of Kentucky Lexington, Kentucky 40506
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